PTO/SB/22 (10-00)

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Occent Number (Optional)

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  MERCK-2867  |  |                        |  |                         |
|---|--|------------------------|--|-------------------------|
| In re Application of Veronika HOCHSTEIN et al.  |  |                        |  |                         |
|   | Application Number 10/810,671  |                        | r  | Filed<br>March 29, 2004 |
|   |  |                        | URE, AND THE USE THEREOF IN COSMETICS AND AND PHARMACEUTICALS SECTOR |                         |
|   |  | Group Art Unit<br>1755 | Examiner<br>Carol M. Koslov  | v                       |
| This is   |  |                        |  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.   |  |                        |  |                         |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  |  |                        |  |                         |
| One month (37 CFR 1.17(a)(1)) \$  |  |                        |  | \$                      |
|   | ☐ Two months (37 CFR 1.17(a)(2))   |                        |  | \$                      |
|   | ∑ Three months (37 CFR 1.17(a)(3))   |                        |  | \$ <u>1020.00</u>       |
| ☐ Four months (37 CFR 1.17(a)(4)) \$  |  |                        |  | \$                      |
|   | ☐ Five months (37 CFR 1.17(a)(5)) \$   |                        |  |                         |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$   |  |                        |  |                         |
| A check in the amount of the fee is enclosed.   |  |                        |  |                         |
| $\boxtimes$   | Payment by credit card. Form PTO-2038 is attached.   |                        |  |                         |
|   | The Commissioner has already been authorized to charge fees in this application to a<br>Deposit Account.   |                        |  |                         |
| ⊠   | The Commissioner is hereby authorized to charge any fees which may be required, or<br>credit any overpayment, to Deposit Account Number 13-3402. |                        |  |                         |
| I have enclosed a duplicate copy of this sheet.   |  |                        |  |                         |
| I am the 🔲 applicant/inventor.  |  |                        |  |                         |
| assignee of record of the entire interest. See 37 CFR 3.71  |  |                        |  |                         |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |                        |  |                         |
| ☑ attorney or agent of record.  |  |                        |  |                         |
| attorney or agent under 37 CFR 1.34(a).   |  |                        |  |                         |
| Registration number if acting under 37 CFR 1.34(a)  |  |                        |  |                         |
| WARNING: Information on this form may become public. Credit card information should not<br>be included on this form. Provide credit card information and authorization on PTO-2038.                   |  |                        |  |                         |
| June 20, 2007   |  |                        |  | n A. Sopp/              |
| Date Signature  |  |                        |  |                         |
| John A. Sopp, Reg. No. 33,103   |  |                        |  |                         |
| Typed or printed name   |  |                        |  |                         |
|   |  |                        |  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |                        |  |                         |
| Total of forms are submitted.   |  |                        |  |                         |

Bacter Nex Statement. This term is estimated to balk 0.1 hours to complete. Time will very depending upon the needs of the individual case. Any commerce on the amount of time you are required to complete fits from thould be sent to the Chall defination Officer. US Debtered of Talement, Officer. US advantaged. Do 2002.1 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1455, National Viv. 2023.14-1450.